STATE OF MARYLAND	CERTIFICATE OF DEATH 10012
1. PLACE OF DEATH	93-5
County // Collegency *	Registration Dist. No. 223
Village or City / all office of thes	No. St., War
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How tong in U.S. If of foreign birth?yrsmosd
2. FULL NAME Laure T. alles	If U. S. Veteran, specify WAR
(a) Residence: No. 3 V Denwood One	St. Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, CRYDIVORCED (write the world)	21. DATE OF DEATH 1 01
III Malle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chel II alled	22. I HEREBY CERTIFY, That I attended decessed fro
May-10-1881	I last sawh line alive on And 20, 193. 7; death is sa
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at/_/C,m.
63 L 1 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Letteryd SAWYER, BODKKEEPER, etc.	Indep.
S, Industry or business in which work was done, as SILK MILL Cash Marcus	
kind of work done, as SPINNER, lettered SAWYER, BODKKEEPER, etc.  3. Industry or business in which work was done, as SILK MILL Caph Marues SAW MILL, BANK, etc.  10. Dete decessed last worked at 11. Totel time (years)	
this occupation (month end year)	
1/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cutterly  (State or country)	Cuyestin heart
II 13. NAME Laston alley	- failure I de
I	Name of operation. Date of
14, BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MYSTY alley	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or confirm)	Accident, suicide, or homicide? Date of Injury, 19
State or contents)	Where did injury occur?
17. INFORMANT CHALL TO MIREUR	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Taxoure Mr. rust,	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place A Pate 7 19	Neture of Injury
19. UNDERTAKER WW OKNACUSES &	24. Wes disease or injury in any way releted to occupation of deceased?
in the contract of the same of the same	THE SECOND SECON
(Address) 4.00 chieffin As My	If so, specify
20. FILED PPT- 27 , 1927 Thum Do Registrar.	(Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asplyin, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	45	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4	F MARYLAND-	CERTIFICATE OF DEATH JULI,
1. PLACE OF DEATH		\$3-B
County //ord your	ell	Registration Dist. No. 2/6
Village or City Chery C	here My	ND. 34 W. Malerwood St.,  If death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where d	eath occurradyrsmo	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME / / aude	M. alverson	If U.S. Veteran specify WAR
(a) Residence: No. 34W. L	uderwood	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Y)
5a. If married, widowed, or divorced HUSBAND of		
1- > WAFF . // //	Coerson	22. I HEREBY CERTIFY, That I attended dacease  Teornary / 1937 to 19
C DATE OF BUILTI (moch	ex. 1879	1 last saw h. 22 aliva on Septrember 1937 death
6. DATE OF BIRTH (month, day, and year) (CC) 7. AGE Years Months	Days   If LESS than	to have occurred on the data statad abova, at 10 Pm.
60	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_   8. Trade, profession, or particular	ormin.	wars as follows: Bladder Date
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	oul	February 16 1937
A Industry or business in which		
SAW MILL, BANK, etc	•••••	
- I was occupation (month and / ////	11. Total time (years) spent in this oul	
year)	occupation /	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	bus Ohio	Exhaustion
(State or country)	man 1	
13. NAME Process 14. BIRTHPLACE (city or town)	Marthall	
14. BIRTHPLACE (city or town) X Seel	leever md	Name of operation
(State of Country)		What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME	cker	23. If death was due to external causas (VIDLENCE) fill in also the following:
15. MAIDEN NAME	Limore Md	Accident, suicida, or homicide?
State or country)	7.6	Whera did injury occur?
17. INFORMANT Alexanders 34 XV cura	alverton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	6+1	Manner of Injury 200
Place I ask, D.C.	Date ( 19 3)	Nature of injury Zeo
19. UNDERTAKER 1 William (Address) 300 - 4.	deis Sont	24. Was disease or injury in any way related to occupation of deceased?
	1-10-1/	

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributers of investigation			
Other contributory causes of importance:	10000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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FOR	IS A	stated
MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK-THIS IS A PERMANEN'	carefully supplied. AGE should be stated EXACTL
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CAUSE OF DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. \_\_St.,\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) MIM (Month) 5a. If married, widowed, or divorced HUSBAND of 22 I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than Months to have occurred on the data stated above, at\_\_\_\_\_m. I day ......hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or\_\_\_\_min. were as follows: Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this ocampation ..... Other Contributory Causes of importanca: 12. BIRTIIPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) rula What test confirmed diagnosis? ...... Was there an au'opsy? ...... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way related to occupation of deceased?\_\_\_\_\_ 19. UNDERTAKER (Address) If so, specify\_

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Hequesting V. S. No. z.

(Address)

M

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Example I-		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis CC1	1921	Run over by street car	1 week ago
Cerebral hemorrhage   EUXEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

BINDIN	
FOR	
RESERVED	
MARGIN	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10015
	Registration Dist. No. 2/2  No. Monto County Seneral strospetward death occurred in a hospital or institution, give its NAME instead of street and sumber)  ds. How long In U. S. if of foraign birth? yrs. mos. ds.
2. FULL NAME John Boserell Jr  (a) Residence: No. Nockrille, Mansland  (Usual blace of abody)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word)  Male white Seu Cle -	21. DATE OF DEATH September (Oay) (1937 (Month) (Oay) (Yaar)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Cung. 1/4/1937, 19 to Sept. ( , 19157
6. DATE OF BIRTH (month, day, and year) Occly 6, 1921 7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, atc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (granth and year)  11. Total time (years) spant in this occupation.	Thep & cacuci 8/11/3;
12. BIRTHPLACE (city or town) Rockrille (State or country) Maryland	Other Contributory Causes of importance:  Acute appendicules worth \$18/37
13. NAME M. J. C. Souvell  14. BIRTHPLACE (city or town) Rockville (Stata or country) Maryland.	Name of operation Separate growth date of Date of 4"/3.7  What tast confirmed diagnosis? 22 22 Was there an autopsy? 120
15. MAIDEN NAME Beasil Meleau  16. BIRTHPLACE (city or town) Pockwill  (State or country) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place St. Marego Cem. Oate Sept. 4, 1937	Manner of Injury
19. UNDERTAKER W. M. Maudun Jumpling (Address) Rockerille, Ind.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept 3, 1937 CSBarreley	(Signed) M. O.

Registrar. (Address) Source, Spring, Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CATALON S.			
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	terry causes of importance.	May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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of OCCUPA.

Exact statement

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

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STATE OF MARYLAND	CERTIFICATE OF DEATH 10016
1. PLACE OF DEATH	(210-m)
County Moute omers	Registration Dist. No. 2/3
	2 0
Village or City Janes Varies (If	death occurred in a horpital or institution, give its NAME/instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Voy Edward Buth	If U. S. Veteran, specify WAR
(a) Residence: No. 12 - 6 th	St., Ward, Washing or
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(bay) Arealy
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2	19 to 19 19
6. DATE OF BIRTH (month, day, and year) May 22 1917	I last saw h. Malinam Con Ready (19.37; death is seid
7. AGE Years Months Deys If LESS than I day,hrs.	to heve occurred on the date stated above, at
20 3 /3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	2011
SAWYER, BOOKKEEPER, etc.	Lating Turrous + Julia
9- Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	abdammal Hemanhage 9/8/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAWHILL, BANK, etc.  10. Date deceased last worked at this ceruation (month and this ceruation (month and senent in this serent in this	
this occupation (month and spent in this occupation year)	
114	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Questine of Oceans Plante 7/3/8/
	De formand
14. BIRTHPLACE (city or town)	rugum of frues + freen 1/3/3/
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident, Date of Injury 2/5192
(State or country) Mary and	Where did Injury occur Clealay Manty to Ma
17. INFORMANT Edward ( Blutler)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, of in PUBLIC PLACE,
(Address)	11 7
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury LIMB Mobile Allehent
Place at John Complete Dopt	Nature of injury
19. UNDERTAKER Warner & Du plice	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pockerillo und.	If so, specify
20. FILED 9-7 1937 Mrs. W. J. Prace	- (Signed) M. D.
Registrar.	(Address) Sochwille, ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURNAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

illstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SP.	ACE FOR FURTH	ER STATEMENTS BY PHYSIC	IAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Man gamery	Registration Dist. No.
Village or City Ta Vanco Park	death occurred in a hospital restitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrslmos	
2. FULL NAME Mrs. Ida ( Cisse)	If U. S. Veteran, specify WAR
(a) Residence: No. Mniversity one (Usual place of abode)	St., Ward. Collage Park, Maryland
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  To arrived.  Sal If married, widowed, or divorced	21. DATE OF DEATH September 24, 193, 7 (Month) (Day) (Year)
HHOSPAND of (or) WIFE of Mr. William Cissel	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) May 20, 1867	I last saw h.ex aliva on Sept. 24 ,1937; death is said
7. AGE Years Months Days II LESS than 1 day, 1.3. 2 hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Nource SAWYER, BOOKKEEPER, etc.	(arcinoma Cervir he
9. Industry or business in which work was dona, as SILK MILL,	Uteri
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	<i>Y</i>
12. BIRTHPLACE (city or town) Washington, D.C.	Other Contributary Causes of Importance:
I 13. NAME George Couner	O A DR 1 Charles
13. NAME George Council 14. BIRTHPLACE (city or town) Warrenton	Name of eneration Wadium Date of Jak
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME HI : CO MONYETT  16. BIRTHPLACE (city or town) Warrenton,	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Warrentoon Virgin: a	Accident, suicide, or homicide? Date of injury, U
17. INFORMANT Washington Sanitorium Records (Address) Taxona Park, Md.	(Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1 ADC 8 1427 3	Manner of Injury
Placa Tremvord Date URF 1,19.5	Nature of Injury
19. UNDERTAKER A STANDARD STONE	24 Was disease or injury in any way related to occupation of deceased?
20. FILED SEPT 24 1992 J HUNDA DULLINGER REGISTRAT.	(Signed) (Address) Alson Carle M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- CENTER!	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1937	July 5,1927	Peritonitis	3 days ago
	DIREAU V.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				Herale III

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

certificate.

See instructions on back of

TION is very important.

-WRITE

1. PLACE OF DEATH	(B)	
County montgomeny	Registration Dist. No. 2114	
Village or City Rockwille 2nd	NO. R. F. D. # 2 St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
0.0	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Elizabeth Wand Cron	If U. S. Veteran, specify WAR	
(a) Residence: No. Same (Rockville 2nd - Pite	2)St., Ward.	
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.		
France White OR DIVORCED (write the word)	21. DATE OF DEATH September 19, 1937 (Month) (Day) (Yes	ar)
5a. If married, widowed, or divorced HUSBAND of		
(Or) WIFE OF Thomas mitchell Crown	1 HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year) Fray 8, 1869	Flast saw he alive on Sent 19 1937; death	
7. AGE Years Months Deys If LESS then	to heve occurred on the data steted above, at 1:40 2 .m.	15 3a1u
68 4 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or particular	were as follows:	onset
kind of work dona, as SPINNER,	Cereful hemorrhage aux	31 /24
9. Industry or business in which		11,1.5 /
work was done, as SILK MILL, SAW MILL, BANK, atc		
10 Data deceesed last workad at this occupation (month and spent in this	4. [	
yaar) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) montgomery 4.	Chrome Impeaditer ?	
(Stata or country)	Chronic Hyphuty ?	
13. NAME Enoch Scorge Ward  14. BIRTHPLACE (city or town)	Generalized arterio selevo ?	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of Dete of	
(State of Country)	What test confirmed diagnosis? Cleaned Was there an eutopsy?	200
15. MAIDEN NAME May C. Crown	23. If death wes due to externel ceusas (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Many C. Crown  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicida, or homicide?	
(State of Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT The Comment of Address) Rockielle Seed - R. J. A. # ?	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Visit of Prome mod Date Sept 21 197	Manner of injury	
19. UNDERTAKER STATES Surfaces Surfaces	24. Was diseasa or injury in any way related to occupation of dacassed?	
20. FILED Sept 20, 1937 Margaret C. Tremeare	(Signed) Issain Barriles & Address) Silver Spring and	_M. D.
, J.		

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Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	1 1 1 1	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis GECE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1991	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· ·		

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				
County Monty	/		Registration Dist. No. 2/	2
Village or City 2	Prober	illo	NOSt., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where de	eath occurredy	rsmos	4	
2. FULL NAME SLOVA	11) (11)	LH	If U. S. Veteran, specify WAR	
(a) Residence: No.		74=C104	St., Ward.	************
(a) residence. No.	(Usual place of abo	ode)	1f nonresident give city or town and	l State
PERSONAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	or Divorced (wr		21. DATE OF DEATH COAT 26	., 193.7
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	11:11		22. JOHEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, dey, and yeer)	narchal	-184%	last saw half alive on April 36 1937	.; deeth is said
7. AGE Years Months	1	if LESS than	to have occurred on the date stated above, at 9 A m.	
95 6	( )	lay,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Data of onset
Trede, profession, or perticular kind of work done, as SPINNER,		)	acute myorard	2/18/3
SAWYER, BOOKKEEPER, etc	10000	10/	acut wastatitus	923/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased lest worked at this securation (month and	100000		Oldens of founds	934/3
10. Dete deceased lest worked at this occupetion (month and year)	11. Total time (y spent in to occupation	his 70		
12. BIRTHPLACE (city or town)	yland		Other Contributory Causes of Importance Selection	1930
13. NAME Storage	witt			
14. BIRTHPLACE (city or town)	na la	1)-	Name of operation	
(State of country)	augusti		Whet test confirmed diegnosis? Wes there an	autopsy? Zu
15. MAIDEN NAME	men		23. If deeth wes due to externel causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	anoro	W	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT MA Chas (Address)	Tuilla	id on	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	.ACE.
18. BURIAL, CREMATION, OR REMOVAL	1 0/00	1	Manner of Injury	
Piece Leullarable M	10 to 1 1 28	, 19.3.	Nature of Injury	
19. UNDERTAKER Hillong + 14.	all and	>	24. Wes disease or injury in any way related to occupetion of deceased?	no
20. FILED 4 44 38, 19 3 7 E	wwhit	Registrar.	(Signed) Whitele h	nd M.O

B.—WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AD. Every item of infor-

stated EXACTLY.

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLA

AGE should be

See instructions on back of certificate.

Exact statement of OCCUPA.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

4	10	1 5	19	11
1	U	U	1	U

1. PLACE OF DEATH	(82-0)
County Mant gamery	Registration Dist. No. 1/13
Village or City Jakana Park Md.	No. Washington San & Idaspetal. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Della Curtis	If U. S. Veteran, specify WAR
(a) Residence: No. 29 Woodland are.	St, Ward. Likama Park md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seklember 1' 193 7
Female white Widowed	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That Standed decessed from
(or) WIFE of albert Curtis	Med 17 137 wheth !! 137
6. DATE OF BIRTH (month, day, and yeer) May 2, 1862	i lest saw 13 alive on 1107 19.3 death is said
7. AGE Yeers   Months   Deys   if LESS then	to heve occurred on the dete stated above, at
65 4 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
_   8. Trede, profession, or particular	Date of onest
Rind of work done, as SPINNER, Jansewood	Gronacko Bhlumania teknos
9. Industry or business in which work wes done, es SILK MILL,	Clrebrald monked 11673
SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupetion (month and year) 11. Total time (years) spent in this occupetion occupetion occupetion	
year)	Other Centributery Canges of Importance;
12. BIRTHPLACE (city or town) U Garage  (State or country)	aslesson
The Mark Land	Agguster '
13. NAME Henry nortan	
(Stete or country)	Name of operation Date of
- Too to de	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Garrison	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) New York.  (Stete or country)  N. J.	Accident, suicide, or homicide?
( ) ( ) ( ) ( ) ( )	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mashington Santarcin Agcords	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL WAS INSTANT & MORAL PORT	Manage of Jalum
Place Ward D. M. Date 9/13 1937	Manner of injury
Mbr. 1	108
19. UNDERTAKER TO Neval (Address) 924 2.0 Que no Mach 16	24. Wes disease or injury in any way releted to occupation of deceased?
Satural Olle Middle	If so, specify (Signed) / January M7D.
20. FILED 20 11 , 19 3) The State of Color Registrar.	(Signed) (Address) (Address) (Address)
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example Î		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCI 5 1937			
Other contributory causes of importance:	,	Other contributory causes of importance:	L 0 44-2
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	<b>FATEMENTS</b>	$\mathbf{BY}$	PHYSICIAN
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mation should be carefully supplied.

V. S. No. 1

TION is very important.

certificate.

STATE OF MADVI AND CERTIFICATE OF DEATH

1. PLACE OF DEATH	I MAN	ILAND	——— 13	
County Montgomery			Registration Dist. No. 214	
Village or City Woodside Pa		O vrs 7 mos	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and number of the street and n	
2. FULL NAME Douglas	M. Davi	s d.	St., Ward.  If nonresident give city or town and S	
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 21 (Month) (Day)	193_7(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Pauline Burto  6. DATE OF BIRTH (month, day, and year)	n Davis	1904	22. I HEREBY CERTIFY, That I attended do Jan. 20 ,19 34 ,to Sept. 21    I last saw h im aliva on Sept. 20 ,1937 ;	acaasad from
7. AGE Years Months	Days	If LESS than	to have occurred on the date statad above, at 1 • 25A m.	
8. Trada, profession, or perticular kind of work done, as SPINNER, max SAWYER, BOOKKEEPER, etc	4 nager	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Pul, tuberculosis	Date of gnset
SAW MILL, BANK, etc	11. Total t	time (years) nt in this upation	Other Contributory Causes of Importance:	
(State or country)		Y.		
13. NAME Herbert R. Davi				~~~~~~~
14. BIRTHPLACE (city or town)	Virgini	a	Name of oparation	topsy? no
15. MAIDEN NAME Bessie Alli 16. BIRTHPLACE (city or town)	son ginia		23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT Mrs. Pauline B (Address) 9015 Woodland	urton Da Rd. Wood	vis side Park	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL  Cedar Hill  Placa	Data Sept	. 23 ,19 37	Manner of Injury	
19. UNDERTAKER Wm. Reuben Pum (Address) 7005 Wis. Ave	Bethesd		24. Was diseasa or injury in any way ralated to occupation of deceased?	
20. FILED Sept. 22, 19 37 F	上, Dud	ley Registrar.	(Address) 1835 I. St. N.W.	M. D.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NOL	
Other contributory causes of importance:		Other contributory causes of importance:	0/
Gallstones	May 1,1923	Gastroenteritis	1 year
			/

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RD. Every item of infor-

STATE OF MAR	YLAND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(119)
County montgood	Registration Dist. No. 218
Village or City Shen 2	nd No. R. F. D. St., Wa
Langth of rasidance in cits or town shara death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number)  yrs
2. FULL NAME Shirter Ten	Il. Demar
(a) Residence: No. Padharbur	mol St. Ward.
	of abode)  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTI	CULARS MEDICAL CERTIFICATE OF DEATH
Female Col OR DIVORCE	RIED, WIDOWED, D (write the word)  21. DATE OF DEATH  (Mynth)  (Day)  (Yoar)
5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY. Jhat I attanded deceased fr
(or) WIFE of	ang 9 1937 to Left 21 193
6. DATE OF BIRTH (month, day, and year) 2002 35-	-/736   I last saw ham alive on Lift 9 1937; death is s
7. AGE Yaars Months Days	If LESS than to have occurred on the data stated above, at 3 5 m.
10 21	1 dey,hrs. ormin. Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance Date of on
8. Trade, profassion, or particular kind of work done, as SPINNER,	Maluntulina Aneura jula
SAWYER, BDDKKEEPER, atc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data decaasad last workad at this occupation (month and	Primary causes Gastronenterities.
10. Data decaasad last worked at this occupation (month and	ima (years) I Deveation: three months and p.
	Other Contributory Courses of importance:
12. BIRTHPLACE (city or town) Montgory C	o my Juanction due to
(State or country)	lack of arrivalehou
13. NAME TILES	
14. BIRTHPLACE (city or lown) 2007	Name of operation
	What test confirmed diagnosis? They was there an eutopsy?
7	23. If daath was dua to axternal causas (VIDLENCE) fili in also tha following:  Accident, suicide, or homicida?
S 16. BIRTHPLACE (city or town)	Whare did injury occur?
B. H. S.T.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or 10 PUBLIC PLACE.
17. INFORMANT Sargha (Addrass) authors was	2
18. BURIAL, CASMAPTON, OF REMOVAL	Manner of Injury
Place Thomas Sand Date To	Nature of Injury
19. UNDERTAKER Address Address	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED San 1937 WIT AU	(Signad) / Syrvin H Dysou M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		6 400	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	•	

Intor	state	UPA
tem or	pluods	) Jo
ADING INK—THIS IS A PERMANENT CORD. Every Item of Infor-	d. AGE should be stated EXACTLY. PHYSICIANS should state	i, so that it may be properly classified. Exact statement of OCCUPA cuctions on back of certificate.
TANE OF	CLY. P	ed. Exac
EKMAN	EXACT	classifie
IS A P	stated	, so that it may be properly uctions on back of certificate.
	be	be of
NE-I	plnods	it may
ING I	AGE	tions o
7	d.	i, s

STATE OF MARYLAND—CERTIFICATE OF DEATH 10023

	OF DEAT	. ~			67)	. 6
County_	G	althers	burg C	ity	Registration Dist. No. 2	1_0
Village	or City			(1)	NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and	number)
Length of	residence in cit	ty or town where	death occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL	NAME	Page	Vance D	unphry		
(a) Res	idence: No.	Galt	hersburg	Md	St., Ward.	
(4) 1100			(Usual place o	f abode)	If nonresident give city or town and	State
PERS	ONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		r or race ite	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED,	21. DATE OF DEATH 9 30 31	, 193
5a. If married, w HUSBANO	idowed, or divo	rced				(,
(or) WIFE	of				22. I HEREBY CERTIFY, That I attended	
		N.F.	7 C+h	TOZE	Seft 28, 19.37, to Seft 30	
6. DATE OF BIR	TH (month, day Years	, 4114 ) 5417	ar 16th	I937	l last saw have alive on 1847 2 9 ,1937	_; death is seid
7. AGE	rears	Months 6	0ays	1 day,hrs.	to have occurred on the date stated above, at	
1071		0	17.7	ormin.	were as follows:	Oate of onset
8. Trade, p	of work done,	as SPINNER,	None		Af of Triposay cause was:	
9. Industry	or business in	PER, etc.	112110		there happen congress	4-30-3
SAW	was done, as S	ILK MILL.			Oh die de signes	
O 10. Oate de	ceased last wor	ked at II	11. Total tin	ne (years) 11	Status lympaticus.	
	occupation (mor		occut	tin this pation		
12. BIRTHPLAC	F (city or town)	Gaith	ersburg	Md	Other Coutributary Causes of importence:	1000
	country)		xx-wv-ma-0		Intente phoneste the	9-28-2
13. NAME	Char	les H	Dunphy		latter had not him to do with the deathle	1
13. NAME	LACE (city or to	הזר			Name of operation Date of	
(Sta	te or country)	W(1)			What test confirmed diagnosis? Was there an	autoney? ho
15. MAIDEN	NAME An:	ne V	Vance		23. If death was due to external causes (VIOLENCE) fill in also the followin	
H	ACE (city or to		Md		Accident, suicide, or homicide? Date of injury	7.1
∑ (Ste	te or country)	nu)			Where did injury occur?	
	Charl	es H	Dunphy		(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	le)
17. INFORMANT (Address	3)	Gaith	ersburg	Md	eposity intenset injury cooking in the country, in floring, of the following	AUL.
18. BURIAL, CRE	MATION, OR R	EMOVAL OF	1 -1	, /	Manner of injury	
Place	sorper of	N. 3200	P Date Oct	-/ Th., 198. 7	- Nature of injury	
10 11115	Danie		~	TO THE PARTY	24. Was disease or injury in eny way related to occupation of deceased?	
19. UNDERTAKE		JST	Gartner-		If so, specify	
180	1 2	dalthe.	rsburg 4	Mg L	(Signed) 29 Barrehart	M D
20. FILEO	1. 00,	99 1 ((1)	May 15	Registrar,	(Address) A Started	no /
					- Contractory	1100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis @ 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

Property but

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County montpower	Registration Dist. No. 211
Village or City Olman, Tred	Reortgoner County Seneralt, Ho Ward death occurred in a hospital or institution, give it NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Glorg & Fordon Dw	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward. Rockuelle, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 28, 1937. (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 28, 1939	I last saw h. lian. alive on Seff. 28, 1937 / 1 lives after frish
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, a 6,200. A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc	Respiratory fourture:
10. Date deceased lest worked at this occupation (month and year)	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	Premalirity
13. NAME Jordon & Dwall	
13. NAME John E Wall  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Hanna-mary horris	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury,19
17. INFORMANT Mr. Gordon E. Duvall.  (Address) Hockvelle Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place  Date Sept. 28, 193	Manner of injury
19. UNDERTAKER DOM Rychen Pumphres	22.4. Was disease or injury in any way related to occupation of deceased?
20. FILED Lift 28, 1937. C. S. 13 ainely Registrar.	(Signed) A Variety M. D. (Address) Colorvilly
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 5 1987	July 5,1927	Peritonitis	3 days ago
Land V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10025
1. PLACE OF DEATH	
Village or City Dekoma Park md	No. Washington Saw Y Hay St., Ward death occurred in a horpital pr institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2	If U. S. Veteran, specify WAR
(a) Residence: No. Person Timper (Usualplace of abode)	St., Ward. Markington D. B. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surigle	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22.   HEREBY CERTIFY, That   attended deceased from
8	1 to 1
6. DATE OF BIRTH (month, day, and year) Sept. 18, 193 7 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
Strede profession or postivular	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Alleria
9. Industry or business in which	0.41
work was dona, as SILK MILL. SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and year) this occupation (month and year)	
12. BIRTHPLACE (city or town) Takonas Park, man	Other Contributory Couses of importance:
(State or country)	Detroched Place its
13. NAME Version Fragier	Short Cord Jarours neck
14. BIRTHPLACE (city or town) How ple no Dake	Name of operation Pate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thelms Cax	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Washington D.C.	Accident, suicide, or homicida? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Washington Saw Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL CREMATION, OR REMOVAL PIECE FOR Line Color Dete 9/20 1937	Menner of Injury
19. UNDERTAKER Warm & Pumphry (Address) Silver Spring, Holy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED SEPT 20., 192) Horan Norda. Registrar.	(Signed) Sdya (Jottlerson M. O.  (Address) Jakoura (fark mo)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	mention address of	Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	AN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PL.

V. S. No. 1

properly classified.

certificate.

See instructions on back of

of OCCUPA.

Exact statement

1. PLACE OF DEATH	(50)
County Monta -	Registration Dist. No.2/6
Village or City Cherry Chase. Mrd.	No. 105 2 St., Ward
1/	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME adah B. Veorge.	
(a) Residence: No. 105 Jaylor (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowski.	21. DATE OF DEATH  (Month) (Dey) (Hear)
5e. If merried, widowed, or divorced HUSBAND of Oliver B. Leorge.	221 I HEREBY CERTIFY. That I attended decessed from May 12, 1936, to Publ. 20, 1937
6. DATE OF BIRTH (month, day, and yeer) Sept 9 1868	I lest sew h_SN alive on Rept 20, 1937; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted ebove, et. 9 4 9 m.
69. 0 10 lady,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, etc.	Oldina of Lucia
kind of work done, es SPINNER, House wife SAWYER, BOOKKEEPER, etc 9. Indistry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and	
10. Date decesed last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Balto maryland.	Other Coutributory Causes of importence:
(Stete or country)  13. NAME Thomas R Marshell.	Malignant rulce of left breast
13. NAME Shomas & Marshell.  14. BIRTHPLACE (city or town) - Maryland.  (State or country)	Name of operation None Dete of
	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Unknown.  16. BIRTHPLACE (city or town). Unknown.	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? ————————————————————————————————————
Stelle or country)	Where did Injury occur?
17. INFORMANT J. M. Wriff. (Address) 105 Laulof St Chen Charen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Rock breek. Dete 9-22, 1937	Neture of Injury
19. UNDERTAKER Win Reuben Pumphrey.  (Address) 7006 Win aux B. P. C. No.	24. Wes diseese or injury in eny wey releted to occupetion of deceased? NO
20. FILED Sept 22-, 1377 Frances K. Conud	(Signed) M. I

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HARRIES V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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1. PLACE OF DEATH	(131)	10001
County Mentsonery lo	Registration Dist, No	214
Village or City Alinet Spring	NoS	t., Wai
Length of residence In city or town where death occurred vrs mo	f death occurred in a horpital or institution, give its NAME instead of stree  sds. How long in U.S. If of foreign birth?yrs	
D' 1 200 1	de la de	mos0
2. FULL NAME GARDANAS AMBRIANA TO	and the second	
(a) Residence: No.   fall Mark   Mark   (Usual place of abode)	St., Ward.  If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28	7, 193.7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Yghr)
(or) WIFE of Liddings, William Johnson	22. I HEREBY CERTIFY, That I att.	28 103
6. DATE OF BIRTH (month, day, and year) The 24-187/	I last saw h ar elive on Supt 28, 19	3.7; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at LcD4-Mm.	
66 7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Rousenoff		Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Myocardilis	1930
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and 9 2437 spant in this year) occupation		
12. BIRTHPLACE (city or town) Charles Co.	Other Coutributory Causes of importance:	1930
(State or country) mol.	High blood Pressure	198
13. NAME Thomas Naturs		
14. BIRTHPLACE (city or town) 1100 nt gomery Co	Name of operation Date	
(State of country)	What test confirmed diagnosis? Clinical Was ther	e an au'opsy?
I 15. MAIDEN NAME // ASTAL OT ANTON "	23. If death was due to external causes (VIDL ENCE) fill in also the fol	lowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Turkonsule Ma	Where did Injury occur?(Specify city or town, county as	d State)
17. INFORMANT (Address) Burns Malls Mol-	(Specify city or town, county ar Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	
18. BURIAL, CREMATION, OR REMOVAL Fair Land Md.	Manner of injury	
Place St Mark's. Genestery Date Sept 30 , 1937	Nature of Injury	
19. UNDERTAKER WM. Reuben Pumphrey. (Address) > 005 Wis am Bethesda Md	24. Was disease or Injury in any way related to occupation of decease  If so, specify	~
20. FILED Ash 28, 1937 J & Wordling	(Signed) (Address) Survey Same,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	GECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
****				

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	10028
	1. PLACE OF DEATH			(Pa)	
1	County Mantgame Village or City Atam			Registration Dist. No. 21.	3 Ward
	Langth of rasidence in city or town what		4 yrs. / mos	death occurred in a hospital or institution, give its NAME instead of street and  2 ds. How long in U.S. if of foreign birth? yrs. m	number)
	2. FULL NAME MYS. La	ora Gr		If U. S. Veteran, specify WAR	
	(a) Residence: No. High	1	7-4-	St. Ward. Ulashing Ton	70 1
	(a) Residence: No/// ////	(Usual place	of abode)	St., ward. Ward If nonresident give city or town and	d State
ATEM	PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE  White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day)	., 193 7
5a	. If marriad, widowed, or divorced			(month)	(1/641)
	NUSBAND OF The Wife of The	as EG,		1 HEREBY CERTIFY, That I attended	daceasad from
-	21. 1100	052 61	1	199), to 1991	19.37
	DATE OF BIRTH (month, day, and year)	Pril 75-	1760	I last saw hEr alive on Aught, 16 ,1937	; death is said
7.	AGE Years Months	Days	If LESS than  1 day,hrs.	to have occurred on the data stated above, at 3.55 a.m.	
_	77 1 4	22	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:	Date of onset
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	House	wife	Hypertensive Ordio-Vascular Disease	1934 Uluknowy
PAT	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	116 6.		Mywardial Degeneration	Unknowy
DOCC	10. Data dacaasad last worked at this occupation (month and	sper	7. L. ime (years) nt in this	Passive Pulmonary Congestion	9/10/37
-	year)	00:10	pation	Other Contributary Causes of Importance:	
12		nceton		Mitral Incompetency	Muknowy
-	(State or country) T. M.C.	liana		Senility	1927
ER	13. NAME Mr. Javid.	Thon son			
FATHER	14. BIRTHPLACE (city or town)	.5		Name of operation	
F	(State or country)	Carolina		What test confirmed diagnosis? Was there an	autonsy?_
ER	15. MAIDEN NAME MISSE	lener Cob	6	23. If death was due to external causes (VIOL ENCE) fill In also the following	
HE		?		Accidant, suicida, or homicide? Date of Injury	•
MOT	16. BIRTHPLACE (city or town)	Tentucky	/	Where did Injury occur?	, 17
17	INFORMANT Washington	Sanitarium		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ite) LACE.
18	B. BURIAL, CREMATION, OR REMOVAL	1-01		Menner of Injury	
0.00	Place Mushrigton D.	C. Dete 7/1	7/27,19	Nature of Injury	
15	O. UNDERTAKER	line of	Lo	24. Was disease or injury in any wey related to occupation of deceesed?	
20	O. FILED SOPT 12- 1932	Holm	Dedd	(Signad) Auckelsen	0 M. D.
1	//15	ove blanks are med a	Registrar,	(AOGISSS)	
	// Lj me	ore oranks are needed, a	audiess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

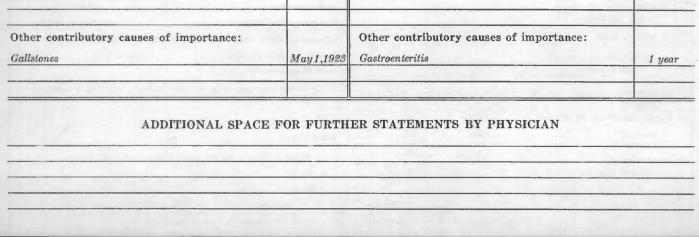
- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example, I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



# should state Exact statement of OCCUPA. RD. Every item of infor-PHYSICIANS AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT

FOR BINDING

MARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL	ACE OF DEAT	TH —	1 1/1/11					
Co	unty	houle		Λ	Registration Dist. No. 2/	17		
Vil	lage or City		Now	000	NoSt	Ward		
					death occurred in a hospital or institution, give its NAME instead of street and	number)		
Len	igth of residence in ci	ty or town where	death occurred	yrsmos	ds. How long in U. S. if of foreign birth?yrs	nosds.		
2. FU	LL NAME	Roses	Jua	leve /t	if U. S. Veteran, specify WAR			
(a)	Residence: No				St.,Ward.	10		
PI	ERSONAL AN	DETATION	(Usual place		If nonresident give city or town as	d State		
3. SEX		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH			
1	7/	1 A	OR DIVORCE	D (write the word)	Selt 23	. 193 7		
50 li marr	ied, widowed, or divo	nece	Perio	ele	(Month) (Day)	(Year)		
HUSB	AND of MIFE of	rceu	U		22.     HEREBY CERTIFY, That   ettende	d deceased from		
(01)					19 16			
6. DATE O	F BIRTH (month, day	(, and year)	har a	9 - 37	1 last saw h. alive on Cortes in alife	death is said		
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date steted above, atm.			
		5	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Date of onset		
Z 8. Tr	ede, profession, or po kind of work done,	erticuter	11.1	1	***************************************	Data di quast		
일	SAWYER, BOOKKEE	PER, etc.	Chilo	2	war ha , wond			
9. In	dustry or business in work wes done, es S	SILK MILL,						
D 10. Da	SAW MILL, BANK, on the deceased lest work	ked at	11. Total t	ime (years)	Dearrhoed & enterities curso?			
0	this occupation (mo	nth and		nt in this opation	- Duration: five weeks			
		m	1		Other Contributory Causes of importence:			
	PLACE (city or town) ate or country)	1-1-6	· · · · · · · · · · · · · · · · · · ·		Ocidoris.			
02   13, NA	ME PLANIE	2101 -6	ree-					
Ξ	- Joseph Land	The	A.	20 /	Name of acception	**		
¥ 14. BII	RTHPLACE (city or to (State or country)	wn) LEEC LLA	nou.	nd	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
15. MA	AIDEN NAME &	Dorin	/Kenia		23. If death was due to external causes (VIOL ENCE) fill in elso the following			
15. M/	DTUDI A OF (site on to	11/2	1	7- 1	Accident, suicide, or homicide?			
₹ 10. 81	RTHPLACE (city or to (State or country)	WII) IN PIGE	Non	my	Where did injury occur?			
17 INCOR	H.	Man in	Pa usas	16	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)		
17. INFORM	ddress)	wile	nes	R.3				
18. BURIAL, CREMATION, OR REMOVAL Place Lay Hull Md. Dete Suft 24, 1937.  19. UNDERTAKER Um Reulen Punkhu:			1/	4 01 ==	Manner of injury			
			Dete Suf	Colf, 1937	Nature of injury			
			e Pun	hipu.	24. Was disease or injury in any way releted to occupetion of deceesed?			
	ddress)	Pork	ilee !	The	If so, specify	{		
20. FILED	964	1927 /	25 Ban	usli	(Signed) C. D. Daniely Loughy	- lac M.D.		
ZO, FILED.	167	134/		Registrar.	(Address) of Isray, Mil			
IPV	1	If more	blanks are needed, e	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

(Over)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	***		
	May 1,1923		

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See letter	from Dr.	Ellicottmfor	cause	of	death.	9-24-37		

V. S. No. 1

STATE	OF	MARYI	AND-CI	FRTIFIC	ATE	OF	DEATH
SIAIL	OF	MAKIL	AND C				DEATH

10030

1. PLACE OF DEATH	(B)
Village or City Takoma Park Marylan	Registration Dist. No. 23  No. Washington Sanitarium & Host bital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	13ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Mary Jamil	If U. S. Veteran, specify WAR
(a) Residence: No. 617 - 7th . St. N. E. (Usual place of abode)	St., Ward. Washington V. C. If nondesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH, September 30, 193.7. (Month) (Day) (Year)
5a. If married, widowed, or divorced  HUSBAND et.  (or) WIFE of James Hamil deceased	22. I HEREBY CERTIFY, Thet i ettended deceased from May 20, 1937, to September 30, 1937.  Hast saw h.ex alive on September 39, 1937; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Deys  if LESS than f day,hrs. ormln.	to have occurred on the data stated above, at 1235 Q.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest
Trada, profession, or particular kind of work dona, as SPINNER, Shawyer, BDDKKEEPER, atc.  SAWYER, BDDKKEEPER, atc.  Mork was done, as SILK MILL, Shaw, atc.  10. Data daceasad last worked et this occupation (month end yaar)	Onterio Oclerosis 1930 Elsonic interotilial Nephritis 1932 Cereliral hemomeroge sepi2-1937
12. BIRTHPLACE (city or town) Dublin (State or country) You Dampshire	Dthar Contributory Causes of Importance:
13. NAME Charles gowing  14. BIRTHPLACE (city or town) Dublin  (State or country) how Hampshire	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)  17. MAIDEN NAME  18. MAIDEN NAME  19.	What test confirmed diegnosis?
17. INFORMANT Washington Sanitarium & Hospital (Address) Takomy Park Md Replace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR BEMOVAL Place HOLD Date 9/30 1977	Mannar of injury  Nature of injury
19. UNDERTAKER Martin M. Ayrong (Address) : 300 % Martin M. Martin	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED / 20, 192) Registrar.  Af more blanks are needed, address State Registrar.	(Signed) Caulo V. Matterson M. D.  (Address) Jakoua Park md.  2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis OCT 5 1937	Date of onset	The principal cause of death and related eauses of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Carl Control C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING MARGIN RESERVED

-WRITE PL

V. S. No. 1 Ħ,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	GIP (1)
County MoNTO	Registration Dist. No. 2/6
Village or City Bethesda Md.	No. 7110 Wie ave st., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Estelle May HILL	If U. S. Veteran, specify WAR NONE:
(a) Residence: No. 7110 Wis are.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Splanter 29 1937 (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSPAND of (or) WIFE of Nathan K. HILL.	22. CI HEREBY CERTIFY. That I attended deceased from
1 1910	I last saw held alive on Alpt 3 5 1937 death is said
6. DATE OF BIRTH (month, day, and year) 10 7 - 18 9 9 17 LESS then	to have occurred on the date stated above, at
58. 3 21 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Coronary Durambrosia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
t2. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country)	Witeriosclerosia
13. NAME George. Plumer	
14. BIRTHPLACE (city or town) Md.	Name of operation
(State of country)	What test confirmed diegnosis? Clinical Was there an autopsy? 10
15. MAIDEN NAME //ate. Taylor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
1 Country/	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Nathan K Hill (Husband) (Address) 110 Wis any Ortherda med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL arlington Co., Virgine Place Columbia, Gerdens Date Oct. 1, 4537	Menner of injury
19. UNDERTAKER WM. Reuben. Pumphrey. (Address) 7005 Wis am Bethesde And	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED 9-29, 1937 B C Perry M. Registar.	(Signed) Bellesda Maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
t total country to the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
/			

Fallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SI	PACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

MARGIN RESERVED FOR BINDING

B.—WRITE

V. S. No. 1

1. PLACE OF DEATH	97)
County Mongomery	Registration Dist. No. 217
Village or City Sandy Spring	No. Oulsede St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.
11-1-00	
2. FULL NAME HOrace / Mighman /	
(a) Residence: No. Jandy (Usual place of abode)	ASt, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M A.A. OR DIVORCED (write the word) Married	(Nonth) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY Thet I attended deceased from
(or) HIFE of Sarah Hood	July 19, 1936, to Defreuter 18937
5. DATE OF BIRTH (month, day, and year) Dec. 16, 1857	Plast saw h Lass alive on Que 29, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 857 Dec 9 16 2 1 dey,	THE I RIVER AL CAUSE OF DEATH and reflect courses of importance
Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Moure Progressing Chorea!
work was done, as SILK MILL,	3 1 1 0 1
SAW MILL, BANK, etc.	asthmatic Frenchiti 7
year) occupation up	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) /// DMg Dmu (State or country)	Unterioselesosis ,
	-
13. NAME CONDOCTOROL  14. BIRTHPLACE (city or town) MO	74.00.0
(State or country)	Name of operation Date of What test confirmed diagnosis? Classical Was there an autopsy?
(State of country)	
15. MAIDEN NAME () Leboth () Glor 16. BIRTHPLACE (city or town) (State or conflict)	23. If death was due to externel causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19,
(Stete of County)	Where did injury occur? (Specify city or town, county and state)
17. INFORMANT Saran +000	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manage of Indiana
Place Sarry Date Just 1937	Manner of injury
101 + 1 8	
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
(Audicas)	(Signed) Lebres Owell M. D
20. FILED Sight. 20, 1937 CS Barnship.	(Address) Helves Abris
Acgurat,	7.00

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1937			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# IS A PERMANENT FOR BINDING UNFADING INK-THIS MARGIN RESERVED

Exact statement stated EXACTLY. properly classified. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

PHYSICIANS should state D. Every item of infor-

of OCCUPA.

1. PLACE OF DEATH

mation should be carefully supplied. B.—WRITE PLA

V. S. No. 1

Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME un named infant of george t Ot  (a) Residence: No. 309 Cedax Que, tako  (Usual place of abode)	hetta ames If U. S. Veteran, specify WAR.  PkSt, Vnd. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	WED, vord) 21. DATE OF DEATH (Month) (Day) (Year)
5). If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fr Sept 9, 1937, to Sept 9, 193
6. DATE OF BIRTH (month, day, and year) 9/9/37	I last saw here alive on Still born 9-9, 1937; death is
7. AGE Years Months Oays If LESS 1 day,	than to have occurred on the date stated above, at
8. Trade profession or particular	aner cephalus
kind ol work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupetion (month and spant in this	Still horn
12. BIRTHPLACE (city or town) 1 a Kama Tar K Md	Other Contributory Canada of importance:
(State or country)  13. NAME George Harris ames	
13. NAME George Harris ames  14. BIRTHPLACE (city or town) Silver Hill Mal  (State or country)	Name of operation Date ol  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lova Otherta Biddinge	
15. MAIDEN NAME Love Othetta Biddinge 16. BIRTHPLACE (city or town) Frederick Co. md. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Washington Sanitarium	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL - LABORATORY of Wash.	
19. UNDERTAKER Washington San - Horps (Address) Dolland Feel, md,	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO SOPT-14, 1977 Afterna of	(Signed) Oduga J. Gallison M strar. (Address) Deltano Hark me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
0 0		
Mau 1 1009	Other contributory causes of importance:	1 year
May 1,1020	The other wee	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN	

V. S. No. 1

of infor-	ould state	OCCUPA-	
y item	S sho	t of	1
KD. Ever	YSICIAN	statemen	
TX	Y. PH	Exact	
MANEN	ACTL	lassified.	
S A PER	ated E	operly c	rtificate.
SI SIE	be st	be pr	of ce
IK-TI	pluods	t may	n back
ING IN	AGE	that i	tions or
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. ORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
WITH.	refully	in plai	tant. S
AINLY	d be ca	DEATH	mpor impor
re Pl.	lnoys	E OF	is very
-WRI	mation	CAUS	TION
B	-		

Every item of infor-CIANS should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH	034
1. PLACE OF DEATH  County Mentgomeny	Registration Dist. No. 213	
	NOSt.,  If death occurred in a horpital or institution, give its NAME instead of street and n  ssds. How long in U.S. if of foraign birth?yrsmo	umber)
2. FULL NAMER Dolmand Jenlins (a) Residence: No. Lolman	If U. S. Veteran, specify WAR	State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male -unite -unite -unite	21. DATE OF DEATH  2 (Month) (Oay)	, 193 / (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) April 201910	1 last sawh in altre the last 9-16, 19.37	; death is seid
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last workad at this occupation (month end spent in this securetion (month end spent in this	Froetweed Shull	9-26-3
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupetion (month end year)  10. Data deceased last worked at this occupation (month end year)	Dther Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (Stata or country)	Dues Controllery Control (inputiones.	
13. NAME James Jukins		
13. NAME and finking  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Oate of What test confirmed diagnosis? Was that an a	
15. MAIDEN NAME Fannie Corbin  16. BIRTHPLACE (city or town) / a.  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicida?	
17. INFORMANT Janes Jenking.	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in BUBLIC PL/	
18. BURIAL CREMATION OR REMOVAL  Proceedings of the Date Sept 28, 1957	Menner of injury Automabile and	tans
19. UNDERTAKER TIME Swiffler (Addrass) MY. gwf mole	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 7/27, 1937 Mrs. M. J. Rall- Registrar.	(Signed) W-S. Downseley (Address) Galswelle, in	m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of importance were Arteriosclerosis	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

	7	
	•	

Brought to Rochniele for autopry-ordered by the States altorneys office RECEIVED OCT 6 1937 ISUREAU V. S. Edward Jenkins -

-WRITE PLAINLY, WITH

CTATE	05	MADWI	ANID	CEDTIE	CATE	OF	DEATH
STATE	UF	WARTL	AND	CERIII	ICALE	UL	DEALD

1000

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10)
county Montgomery, County	Registration Dist. No. 212
Village or City Olney, Maryland	No Montgomery County Genevalst, Itos Water / death occurred in a horpital or invitution, give its NAME instead of street and number)
	death occurred in a norpital of injustition, give its IFADFIE, instead of street and number)
2. FULL NAME Emma H. Johnson	If U. S. Veteran, specify WAR
(a) Residence: No. Norbeek, Maryland - Poc. (Usualplace of abode)	Kerille Ward P. F. D. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word)  Temale acloved Married.	21. DATE OF DEATH September 24, 1937 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Henry Johnson.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 27, 1856	I last saw here alive on Sept. 24 , 1957; death Is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
81 6 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the spant in this	Labar Treumonia 9-19-37
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1937 spant in this occupation 6.5	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Mary land-	
13. NAME Joseph Warren	
13. NAME Joseph Warrey  14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of County) ///avy aus -	What test confirmed diagnosis? EXAMINATION Was there an autopsy? 22
15. MAIDEN NAME Susay Sauson  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country) Mary land.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MOSP- 12. COXds-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1000 Bata SUNT 26, 1937	Mannar ol injury
19. UNDERTAKER / Lobert h. Smorrolen (Address)	24. Was disaase or Injury In any way related to occupation of deceased?
20. FILED Sept. 26, 1937 C. S. Barneley, Registrar.	(Signed) Masy Mary Spring Mary Tand

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	W.L.E.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
PER DESURVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH 10036

1. PLACE OF DEATH		(1/43)	
County Montgosses	4	Registration Dist. No. 214	_
Village or City Solver	Doring, md	NoSt.,	War
Leady of a literal in the section of		If death occurred in a hospital or institution, give its NAME instead of street and number	2)
5,	occurred yrsmo	sds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME Green	Tohuson	If U. S. Veteran, specify WAR	
(a) Residence: No. 2011 Fix	of air.	St., Ward,	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (write the word)	9 - 8 193	7
5a. If married, widowed, or divorced	Sunge	(Month) (Day)	Year)
HUSBAND of (or) WIFE of	/	22. 1 HEREBY CERT1FY, That I attended deceas	sed from
		19	9
6. DATE OF BIRTH (month, day, and year) Cing	15 1911	I last saw h la GHV on let letter, 19 ; deat	th Is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
261 01	2 4 orhrs.	mera se follows.	ofonsel
8. Trade, profession, or particular kind of work done, as SPINNER,	~ /	Duran A. D.	
	summer Clus	Volassum youde ( Mooning 9-8	8-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
	11. Total time (years) spent in this	-	
this occupation (month and year)	spent in this		
- Ivasl	7.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	1000		
I 13. NAME William 13	herand		
Ε   ///////////////////////////////////		No. of a solding	
(Stete or country)	an.	What test confirmed diagnosis? T. B. ! fallsally Was there an autops	. (1)
15. MAIDEN NAME	9:10	What test confirmed diagnosis? 1. Was there an autopsy 23. If death was due to external causes (VIDL ENCE) fill in also the following:	11.4
	7	Accident, suicide, or homicides CARCAL Date of Injury 2-8 1	1037
(State or country)	on, Wis.	Where did Injury occur? Dilui Oning ma	19 -d - #.
2. 7 B 1.	7 - 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
17. INFDRMANT (Address) 9011 Final	an value	/ Youl	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury Aswallowing of Gaison	in
Place Rossarlla Guia Di	ate 9-11 ,1937	- Nature of Injury acute paisaning	-
man Eq.	10.	24. Was disease or Injury in any way related to occupation of deceased?	
19. UNDERTAKER CALLED 6. VILLA (Address) Poet wills	med	If so, specify	
2 .	10 00 100	(Signed) W-S - Mungling	M 1
20. FILED AULI 1937 56.	Which Registrar.	(Address) Routsville & line	Wi. I
If more blank		N. Challe Sand B. Linn B. C. M.	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   OCT 8 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   WILLEAU V. S.	July 5, 1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CHANGES	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN OF ITEMS#13, 16, 10: letters filed under (1) WELLINGON JOHNSON and	d (2)	Dr.
	Dr. W.S.Murphy. November 13, 1937. L		
Faller			- 11 T

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10037
1. PLACE OF DEATH	
County Mant gamery	Registration Dist. No. 223
Village or City Jakoma Park Md-	No. Washington San & Marketal St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. if of foralgn birth?
2. FULL NAME Mrs. Olice & Jones.	
(a) Residence: No. 1115 - 12 the St. N.W.	St., Ward. Washington 10.C.
(Usual place of abode)	If nonesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Jennale  what  with  with	21. DATE OF DEATH  / 8 , 193 7 (Month) (Day) (Yaar)
5a. tf marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
(Or) WIFE OF William J. Janes	August 16, 19.37, 10 September 19, 19.37
6. DATE OF BIRTH (month, day, and year) November, 6, 1866	I last saw he aliva on Reps 17 30 1937; death is said
7. AGE Yaars Months Days if LESS than 1 day. 3 2-hrs.	to have occurred on the deta steted above, at
70 9 11 ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEFER atc.	Careinoma
SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	metastaio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad at this occupetion (month and year) year)  11. Total tima (yaars) spent in this occupation.	Primary sarcinomal of right breast.
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Chester, Bernsulvania (State or country)	
^	Sumuez
I	
4. BIRTHPLACE (city or town) Sunty Sunsylvania (State or country)	Name of operation Dete of
15. MAIDEN NAME ? Rennie	What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME ? Kennie  16. BIRTHPLACE (city or town) ? New Jersey	Accidant, suicide, or homicide? Date of injury 19
State or country)	Whera did injury occur?
17. INFORMANT Washington Santarium Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAC	Menner of injury
Place Christian Jo Date Sypt 21, 1937	Nature of Injury
19. UNDERTAKER Commer & Oung hrung (Address) Silver Spring, mil	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED SLAT XQ., 19.82 Affilm Dodd. Registrar.	(Signed) D. M. D. M. D. (Address) Washington Sale & Hold
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Regulsting V. S. No. 1. Jakans Canh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

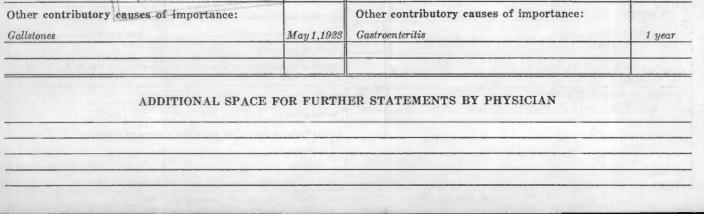
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	11	Example II	
of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1901	July 5,1927	Peritonitis	3 days ago
	V. S. 1		•	
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1033
1. PLACE OF DEATH		99-20	
County Mondgome	<u> </u>	Registration Dist. No. 22	3 -
Village or City Silver If	and a	No. 128 Jakama avenul st.	Ward
Langth of residence in city or town where deeth o		death occurred in a hospital or institution, give its NAME instead of street and no death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in a hospital or institution, give its NAME instead of street and no death occurred in the death occurred in t	
2. FULL NAME Trank G		If U. S. Veteran, specify WAR	
(a) Residence: No. 728 Tald	10	cel St., Ward.	
(4)	Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
male White	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  September (Def)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of	1	22. Z I HEREBY CERTIFY, Thet Jattended d	eceased from
(or) WIFE of Briefget	Junghans	September 8, 1937, to September	1719.3.7
6. DATE OF BIRTH (month, day, and year)	15/ 1851	I last saw ham eliva on September 16, 1937	; death is said
7. AGE Years Months	Days Days Dif LESS than 1 deyhrs.	to heve occurred on the date stated above, at 2.200 m.	
86 1 3 1	2   ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	Data of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	con Rot	(1) Paralysis agitans	3 M/sa
Year of the strain of the s	our comments and	a) 2) intentoscients co	Hyla
SAW MILL, BANK, etc.		and the state of t	-3-mu
10. Date deceased lest worked at this occupation (month and year)	11. Total tima (yaers) spent in this		
year)	occupation 7.014	Cothar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	agron of		
	hast and		
14. BIRTHPLACE (city or town)		Neme of operation. Date of	
ii (Stete or country) Lerm	any	Whet test confirmed diegnosis? Was there an au	9
15. MAIDEN NAME Margaret	But	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicida? Date of Injury	, 19
Stata or country)	many	Where did injury occur? (Specify city or town, county and State	)
17. INFORMANT Michael P. 9 (Address) 1093 Grenchor	Alla Lelver har	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, DR REMOVAL	1004 17 45	Manner of Injury	
Placa Wayn. O. Dal	1000	Neture of injury	
19. UNDERTAKER WWW Colleges	rux los	24. Wes disease or injury in any wey related to occupation of deceased?	
(Addrass)/GOO Collegiste	Comments	If so, spacify	
20. FILEDS & PT 17 19.37 4. 11	WM ASTELL	(Signad) (Address) 928 flight are, bilree of	Inang.
. //	A CKISTIAT.	" (1001033) 1 - 4 - 7 - 7 - 7 - 7 - 7 - 7 - 7	130 30 15 11 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

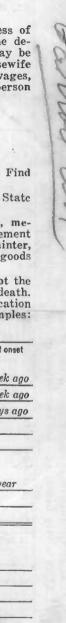
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:  Date of onset			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1001	July 5,1927	Peritonitis	3 days ago
3	RUBERTY			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



5 17	NENT	CTL	ified.		
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	ite.	
FOR	IS A ]	stated	proper	TION is very important. See instructions on back of certificate.	
3	HIS	pe	pe	Jo	
SEKVI	NK-T	should	it may	n back	
मुन	I D	AGE	that	ons c	
Z	ADIA	d.	9, 50	ructi	
AKC	UNF	upplie	terms	e insti	
	TH	ly sı	lain	Se	
	WI	reful	in p	lant.	
	NLY,	be ca	ATH	mport	
Supple	PLAI	plnc	F DE	ery i	
	TE ]	n she	E O	IS V	
	WRI	ation	AUS	ION	
7 .0 .7	B.—	m	C	T	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10039
1. PLACE OF DEATH	822
County Montgomery	Registration Dist. No. 22
Village or City Jahoma Park.	No. 718 - Eril ane. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME albert D. Keith.	
(a) Residence: No. 718- Eril Que.	St. Ward Binghamton new You
(Usual place of abode)	M nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  25  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Hannah Keith.	22. Sept 22 1937 to Sept 25 1937
6. DATE OF BIRTH (month, day, and year) March 18. 1851	I last sow h 1 m allva on Sept 25 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 430 f.m.
86 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Treds profession or particular	Cerebral Hemarhage gat 11-
kind of work dona, as SPINNER, Farmer.  SAWYER, BOOKKEEPER, etc.  Industry or businass in which work wes done, es SILK MILL, New York  SAW MILL, BANK, atc.  11. Total time (yaars)  this occupation (month and	
O Date dacasaad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Milford (State or country) New York	Other Contributory Causes of importance:
	-
Ĭ.	Name of operation Mond Date of
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Tydia Scott  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
≤ (State or country)	Whare did injury occur?
17. INFORMANT Lena Ketth Davis. (Address) 718- Erie and Jakona Park m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Browghampton n. If. Date Slpt. 25, 1937	Nature of Injury
19. UNDERTAKER Clinus P. Speare. (Address) M. Ramer md.	24. Was disaase or injury in eny way related to occupation of dacaased?
20. FILED UPT 25, 1927 All Node Registrar.	(Signad) Leorge M. Seles M.D.  (Address) Washington San, Tokowa Park
//	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCI 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

0, 1	mat CA
S. No.	N. B.
Α.	4(1)

Co.	ounty 1110 n + 90				Registration Dist. No. 223
	liage or City 1 2 A		occurred #5 yrs	(lf e	No. Was hing ton San et //os. 81., Wadeath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos.
	NAME Mr. J.	,	11.44	5.J.W.	St. N.W. Ward. Washing ton M.C.
		,	(Usual place of abode)		If nonresident give city or town and State
3. SEX	4. COLOR OR I		SINGLE, MARRIED, WID		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
ma	le Hebren		MR DIVORCED (write the	e word)	September / Day) (Your)
HUSI	ried, widowed, or divorced—BAND of WIFE of- Mr. 5, 12,	irdie	Krupsaw.		22. J. HEREBY CERTIFY. That I attended deceased in Jeb., 1932, to Sept., 19.8
6. DATE (	OF BIRTH (month, day, and ye	ear) Avz	2-2-189	12	I last saw h. 1. 102. alive on Sept. 1, 1937; death is s
7. AGE	Years A	Months &	0.0	SS than	to have occurred on the date stated above, at 6.9.m.
45	C1892 A	pri/	2 day,	_min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_   8. T	rade, profession, or particular	I I	7.,		malianart Hypertention Date of on
2	kind of work done, as SPII SAWYER, BOOKKEEPER, et	c. //	Haracy		Coronary Helant Desease
OCCUPATION OCCUPATION	dustry or business in which work was done, as SILK MI SAW MILL, BANK, etc	ILL, /	7.1		4
5 5	SAW MILL, BANK, etc ate deceased last worked at		ع الله على الله الله الله الله الله الله الله ال		
00	this occupation (month and year)	Tec. 193	spent in this occupation	72,	5;
	(		,		Other Contributory Causes of Importance:
	IPLACE (city or town)	2.5. hing.	1.00		
1		<u>.</u>	- /		
13. N	AME Nathon	Trups	dw		
14. B	IRTHPLACE (city or town)	A. 4.5-	si.a		Name of operation
	(State or country)		/		What test confirmed diagnosis? Cluckal Was there an autopsy22
15. M	AIDEN NAME MINO				23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. B	IRTHPLACE (city or town)	NUS	5:9		Accident, suicide, or homicide?, 19, 19
2	(State or country)				Where did injury occur?(Specify city or town, county and State)
(A	MANT Washing	3 Park	ni Larium:	-Hosp.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	L, CREMATION, OR REMOVA	da .	ata De. 9/	,1937	Manner of Injury
f9. UNDE	RTAKER 9. NA Address) 3501	wan.	to July		24. Was disease or injury in any way related to occupation of deceased? 77.0
20, FILED	SANT 1 , 1937	1 4	Allem Nun	14	(Signed) Daniel Benjaming N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who-had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE PROPERTY OF				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Market V. S. I			-27
and the same and t			4
Other contributory causes of importance:		Other contributory causes of importance:	A 1997
Gallstones	May 1,1923	Gastroenteritis	1 year
		Entertain Control of the Charles of	164

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

N. B.-WRITE PLA

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	0041
1. PLACE OF DEATH			(131)	
County Montgome	M.		Registration Dist. No. 2/	1
Village or City Herry	totale		NoSt.,	Ward
l anoth of encidence to also as form who	See death accurred		death occurred in a hospital or institution, give its NAME instead of street and	
Langth of residance In city or town whe	re death occurred	yrsmos	ds. How long in U.S. if of foreign blrth?yrsm	10303.
2. FULL NAME Otiche	Logle	1	If U. S. Veteran, specify WAR	
(a) Residence: No Lewis	dale ?	nd.	St, Ward.	
	(Usual place		If nonresident give city or town and	d State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH SAME	193 7
5a. If married, widowed, or divorcad	1000000	200	(Month) (Day)	(Yeer)
HUSBAND of Clariss	a fyle	1	22. Aug. 25 1937 to Sept ettended	deceesed from
6. DATE OF BIRTH (month, day, and yaar)	march 17	1857	1 lest say h 100 elive on Dheg 31 1937	; daath is seid
7. AGE Yaars Months	Days	If LESS than	to heve occurred on the data stated above, atm.	
80 5	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:	100011
8. Trede, profassion, or particular kind of work done, as SPINNER.	Farm fat	ner-	Cerebial Haemonhage	Date of onset
NOOL SAWYER, BDOKKEEPER, etc			f f	-07-1
HOIR Was dolla, as giell mile,			Chrome memmy appune	er un
SAW MILL, BANK, etc	11. Total ti	ime (years) nt in this upation		
yaer)	0001	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	overdas	le !	arterio delerosco	Valenner
1 27 - 1/1	ulo o-	•		
I IS. NAME	1 1 - 11			
13. NAME ACKEL +	roug Co	2 1	Name of operation Dete of	
(State of country)		10401.	What test confirmad diagnosis? Was there an	autopsy?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	un		23. If death was due to external causes (VIOLENCE) fill In also the followin	g:
[ 16. BIRTHPLACE (city or town)	,		Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	- 0 0		Whera did injury occur?	
17. INFORMANT Norman (Address) R.D. Mis	a tyle	i ud	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
18. BURIAL, CREMATION, DR REMOVAL	our ca	, ma		
Place Reasont Eron	Z Date Sep	1.3 1037	Menner of Injury	
7 P. 31	13		Nature of Injury	-4
19 UNDERTAKER A.	Jawer		24. Was disease or Injury In eny way related to occupation of decaasad?	100
(Addiess) Leglouson	le mit.	. 7 / //	If so, spacify	
mountable to a sold	HXXCIN	Bunditt	(Signed) learge M. Joyer	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	45
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of-ouset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 SEP, MINI	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH		92°a)
	County Montg co.	•••••	Registration Dist. No. 218
9	Village or City Gaither	sburg Md RFD	NoSt.,Ward
			f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city of town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME Uriah	G Magers	
	(a) Residence: No. Gait	hersburg, R F D (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
4	Male White	Married	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Magers	22.     HEREBY CERTIFY, That t attended deceased from
6	DATE OF BIRTH (month, day, and year)	Nov 9th 1858	1   1   1   1   1   1   1   1   1   1
	AGE Years Months	Days. If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, at
z	8. Trede, profession, or particular	Uholster.	Date of onset
OCCUPATION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0110710011	Cestorer personnage /24/2
PA	9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	t1 t1	
200	10. Dete deceased last worked at	11 Total time (veers)	-
ŏ	this occupation (month and lt year)	11. Total time (yeers) spent in this tt	
	Matv	land	Other Coutributory Causes of importance:
12.	(State or country)		
ER		ers	
THE	li.d.		
FATH	14. BIRTHPLACE (city or town)		Neme of operation Date of
2	15 MAIDEN NAME		Whet test confirmed diagnosis? Was there an autopsy? Was the fallowing a confirmed diagnosis?
MOTHER	UNKNO	W. 2	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
MO	16. BIRTHPLACE (city or town)(State or country)		Where did injury occur?
		Ama	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	INFORMANT John H Mag (Address) Gaithers		
18.	BURIAL, CREMATION, OR REMOVAL Md		Menner of injury
	PlacePlace	Date	Nature of injury
10	UNDERTAKER Ernest C	Gartner	24. Was disease or injury in any way related to occupation of deceased?
19.	UNDERTAKER	rsburg Md o	If so, specify
00	Cat 27 21 00	red. & Onke	(Signed) M. D. M. D.
20.	FILED 3/01 × 1, 19 2/0	Registrar.	(Address) gartnerstung any
-			

V. S. No. 1

. PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 6 1937	6		330
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			1 year
		•	
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF I	MARYLAND—	CERTIFICATE OF DEATH	111140
1. PLACE OF DEATH			
County Monlyoner	<b>A</b>	Registration Dist. No. 2	23-
Village or City Silver &	Aurig	NoSt.,_ death occurred in a hospital or institution, give its NAME instead of street an	War
Length of residence in city or town where death occ	urredyrsmos.	ds. How long in U.S. if of foreign birth?	mosd
(a) Residence: No. 5 Stackton Q	Le Salver Huma	C Knight Ward.	
	sual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL  3. SEX 4. COLOR OR RACE 5. SIN		MEDICAL CERTIFICATE OF DEATH	
mule White OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	(Month) (Dey)	, 193 (Yéar)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	and make it	22. I HEREBY CERTIFY, That I attend	ed deceesed fro
Vissemons Co	rese / scringy	Sept 1 3 , 19 3 ,7, to sept 1	, 19.3
6. DATE OF BIRTH (month, day, end year)	22, 1881	I last saw h and alive on	deeth is sa
7. AGE Years Months	Days If LESS then 1 dey,hrs.	to heve occurred on the dete steted ebove, et. 8.25 Ofm.  The PRINCIPAL CAUSE OF DEATH end releted causes of importence	
30 10 0	ormin.	were as follows:	Date of onse
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Perual	Colonary Thrombous	
F		J	
SAW MILL, BANK, etc		11	
O Date decessed last worked et this occupation (month and yeer)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) 47 Thorn	nas Bontario	Other Contributory Causes of importence:	
(State or country)	nede		
13. NAME Michael for	no McKnight		
14. BIRTHPLACE (city or town)		Neme of operation Oete of	
(Stete or country)	and	What test confirmed diegnosis? Wes there a	
15. MAIDEN NAME		23. If deeth wes due to external causes (VIOL ENCE) fill in elso the follow	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury	_
Stete or country)		Where did injury occur?	
17. INFORMANT MAS M. J. (Address)	1/3 Amyst	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Orlingto Company Dete	9-18 1037	Menner of Injury	
19. UNDERJÄKER WW Chace	cho Ci	24. Was disease or injury in any wey releted to occupetion of deceased?	mo
20. FILED 5 0 pt 15 1957 1960	an Dodd	(Signed) Walliam D Aug	М.
,,	Registrar.	(Address) 8:707 Colesvelle alto	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	of immontance work or fellower	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	191
County Mondaymen	Registration Dist. No. 2/6
Village or City Than Charl ha	No. 6314 Com. A. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Hundon Morsell	If U. S. Veteran, specify WAR
(a) Residence: No. 6.3 14 County lace of abode	Ward. Phy Ches My in the State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (Yeer)
5e. If merried, widowed or divorced HUSBAND of	(Month) (Dey) (Yeer)
(or) WIFE of Lygic Buston Morsell	22. HEREBY CERTIFY, That I ettended deceased from 1930, to 9-17 1937
6. DATE OF BIRTH (month, dey, and yeer) aug - 9 - 1858	West sew have elive on 9-16-37, 19; deeth is seld
7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, et_1/1
79 1 8 1 dey,hr	5. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, Musician SAWYER, BDDKKEEPER, etc.	Myocorditis 9-1-3
Mindustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	HV horteles meumone 8-1-3
10. Date deceased last worked at this occupetion (month end 1932   11, Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Alexandera Va	Other Contributary Causes of Importance:
(State or country)	- Chrome Mellowho 1-1-3
13. NAME STG Mossell	
14. BIRTHPLACE (city or town) Blokeshoff	Name of operation Date of
(Stele or country)	Whet test confirmed diegnosis?
15. MAIDEN NAME Kuson Bradley	23. If deeth wes due to externel ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Olycondia - 1)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Judn Musell (Address) 1317 Com Chy chan ha	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Glenwood D.C. Date 4-20-, 193	7- Nature of Injury
19. UNDERTAKER W. Reubru Curuphres	24. Wes disease or injury in eny way releted to occupation of deceased?
20. FILED Set 18 - 1937 Thomas Kilomas Registrar.	(Signed) France & Javidson M. D. (Address) 2. D. 3. Elm Charleson m.

7. S. No. 1

B.—WRITE

ż

OKD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

UNFADING INK—THIS IS A PERMANENT

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 681

allstones	May 1,1923	Gastroenteritis	1 year
ADDIT	IONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	
4			

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10045
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 214
Village or City Wheatton	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hopital of indication, give its review based of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gertrude Powell no	Ving If U. S. Veteran, specify WAR
(a) Residence: No. Chestual Richae (Usual place of abods)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Sefet. 7 1937 (Month) (Dev) (Year)
5a. If merried, widowed, or divorced  HUSBAND of (or) WIFE of Chas. Edw. Novis	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Feb. 11, 1883	i lest saw h_s elive on Sefet 6 ,1937; deeth is sald
7. AGE Years Months Deys If LESS then	to have occurred on the date steted ebove, at 6:30 A.m.
54 7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Housekeeper SAWYER, BOOKKEEPER, etc.	Hy kerlensen
9. Industry or business In which work wes done, es SILK MILL, Chara Home SAW MILL, BANK, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Dete decessed last worked et this occupation (month and year) cocupation	opthalmos was not corroborated by the
7 . 6	Other Contributory Causes of importence: clarical symptoms.
12. BIRTHPLACE (city or town) That Comments (Stete or country)	Grain turner was also ruled out, by the
13. NAME Wm, H. Powell	stoff at Freedmens Dospitale George
14. BIRTHPLACE (city or town) Soulan Co. Va-	Name of operation Dete of What test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAME Harriet Green	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Zasters Short )	Accident, suicide, or homicide?
17. INFORMANT Violet Devol sister (Address) 209 - Ray mond St. Cherry Class	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piace Walunton W Dete Dept 10 1937	Neture of Injury
19. UNDERTAKER MILL MANAGEMENT (Address) 424	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED Super 8, 1937 & Dudly	(Signed) All Coll M. D.  (Address) All Coll Shape

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nol 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

N. B.

Exact statement of OCCUPA-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

County German town Ad R F D Registration Dist. No. 2/5  Village or City No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and num  Length of residence in city or town where death occurred 69 yrs. mos. ds. How iong in U.S. if of foreign birth? yrs. mos.	ds.
Village or City	ber)
Length of residence in city or town where death occurred by yrsmosds. How iong in U.S. if of foreign birth?yrsmos.	ds.
Length of residence in city of town whate dashi occurredyrsmosus. now long in 0.5.11 of foreign pirtingyrsmos	
Nathan Page	le
2. FULL NAMEGermantownMdR. F. D.	te
(a) Residence: No. St., Ward.  (Usual place of abode) If nonresident give city or town and Sta	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which word)	44
(Month) (Dey)	(Year)
5a. If married, widowed, or divorced HUSBAND of Single  22. 1 HEREBY CERTIFY Thet I attended dec	anned from
(or) WHE of	1957
6. DATE OF BIRTH (month, day, and year) Sept 15th 1868   i last saw have elive on deft 11 , 1997;	eath is seld
7. AGE Years Months Days If LESS then to have occurred on the date stated above, et. 5-30 mAM	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:	
8 Trade profession or particular	Docel
kind of work done, as SPINNER, BOM Labor Probably analignant a Equeuro of intestiness	Rus
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  1 Date deceased lest worked et this occupation (month and second points) seen in this	
U 10. Date deceased lest worked et 11. Total time (years)	aut 1%
year) Occupation It Occupation	
12. BIRTHPLACE (city or town) German town Md Other Contributors Cause of importence:	Doub
(Steta or country)	Rusa
13. NAME Nathan Page We was very much amariated.	*******
13. NAME Nathan Page  14. BIRTHPLACE (city or town)  Md  Neme of operation  Date of	
What test confirmed diagnosis? Wes there an auto	psy?
15. MAIDEN NAME Mary M Higdon  23. If death was due to external causes (VIOLENCE) fill in elso the following:	
Accident, suicide, or homicide? Date of injury	., 19
Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	
(Address)  18. BURIAL, CREMATION, OR REMOVAL BADTIS OIT, Cemetary  Manner of injury	
Place Germantown Dete Sept 18, 19 37 Neture of injury	
24. Was disease as injury in any way related to compation of deseased?	
19. UNDERTAKER Epnest G. Garthen If so, specify	
(Signed)	M. D.
20. FILED Sept. 1931 Whather J. God Registrar. (Address) / Yarthersburg Va	0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Cond. Every item of infor-PHYSICIANS should state N. B.-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT

JARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	
Village or City Cloney, Maryland  Length of rasidence in city or town where death occurred yrs.	Registration Dist. No. 211 Wa  No. Mout gassey County Severe Wa  (If death occurred in a hospital or institution, give its NAME inspead of street and number)  nos. ds. How long in U.S. If of foreign birth? yrs. mos.
(a) Residence: No. Rockville and for	UCL - If U. S. Veteran, specify WAR
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS thar I day,	
SAWYER, BOOKKEEPER, etc.   9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.   11. Total tima (years) this occupation (month and year)   11. Total tima (years)   11. Total tima (years)   12. Total tima (years)   13. Total tima (years)   14. Total tima (years)   15. Total tima (years)   16. Total tima (years)   17. Total tima (years)   18. Total tima (years)	
12. BIRTHPLACE (city or town). Olney Mayland  (State or country) Mayland  13. NAME Learge Chester Pearle	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Lamanus (Stata or country) Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Catherine Budet  16. BIRTHPLACE (city or town) Klamaeus  (State or country) md.  17. INFORMANT / Land.	23. If death was due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(Address)  18. BURFAL, CREMATION, OR REMOVAL  Place Olivey, Md.: Date Sept. 19., 19.3	Manner of Injury
19. UNDERTAKER Lee Benson (Address) Olney, The	24. Was disease or injury In any way related to accupation of deceased?  If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 5 1937	July 5,1927	Peritonitis	3 days ago
I BUREAU V e			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITION	AL SPACE FOR FURT	HER STATEMENTS	BY PHYSICIAN	

state

plnods

OCCUPA-

Jo

1. PLACE OF

2. FULL NAM (a) Residence PERSONA

5e. If metried, widowed HUSBAND of (or) WIFE of

6. DATE OF BIRTH (m

9. Industry or business in which

12. BIRTHPLACE (city or town (State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town) (State or country)

CREMATION, OR REMOVAL

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked et

this occupation (month and

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

1	4 (11.40)
STATE OF MARYLAND	CERTIFICATE OF DEATH 10048
PLACE OF DEATH	(56)
County Monly many	Registration Dist. No. #3 2.14
Village or City Chestant Ridge (III	No. Meaton St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
FULL NAME Grace Sallas Says	eQ If U. S. Veteran, specify WAR
(a) Residence: No. A. Lealy (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE A. A. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) TO IVARCED	21. DATE OF DEATH September 23, 1937
merried, widowed, as divorced  MUSBAND of (or) WIFE of Williams Freen	22. I HEREBY CERTIFY. That i ettended deceased from  MNR. 5, 1937, to Softender, 1937
TE OF BIRTH (month, day, end year) January 15, 1899	Mest sew h elive on Sept. 234 , 1977 ; deeth is seld
E Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, et 20:06 f.m.
38   8   24   10ay,min.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Reefel	therative Enterities 5.12,37

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

(Address)

Registrar.

11. Total time (yeers) spent in this occupation \_\_\_\_ What test confirmed diagnosis?\_\_Ckerne Wes there an autopsy? 20-23, if deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did Injury occur? \_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY/in HOME, or in PUBLIC PLACE Menner of injury Neture of injury. If so, specify

certificate J0 See instructions on back CAUSE OF DEATH in plain terms, mation should be carefully TION is very important. -WRITE M

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į.	Example II	
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Chronic interstitide nephritis . 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLANI	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3D) CM
County Mont gramery	Registration Dist. No. 223
Village or City Takama Park	(If death occurred in a horpital of iostitution, give its NAME iostead of street and number)
Length of residence In city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds
	If U. S. Veteran, specify WAR
(a) Residence: No. South Harry ton Road (Ustal place of abode)	St, Ward. The Sharesident to city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, VIDOW OR DIVORCED (write the wo	rd) Sept. 12 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Allison Shurtleff	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 14, 184	1 lest saw her alive on Lapt 12 1937; death is said
7. AGE Years   Months   Days   If LESS t	1156
93 0 28 1day,ml	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	O TO CO
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cleane Western Aug. 1
9 Indistry or husiness in which	Mente glomerulari methritia sergrafted 1937
work was done, as SILK MILL, Not one	- you a chronic enterstitial neghoutes.
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	- Cuifa
	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Day born Main	Sept S
(State or country)	
13, NAME Joseph Wabster	
13. NAME Joseph Webster  14. BIRTHPLACE (city or town) Dur Born, Main (State or country)	Name of operation Oate of Was there an autopsy?
15. MAIDEN NAME buella. hittleCiald	23. If death was due to external causes (VIOLENCE) fill in also the following:
1 240 1	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANTUA Sington Santowiner the	(Specify city or town, county and State)
(Address) axuna Park Md.	
18. BURIAL, CREMATION, OR REMOVAL Place Value, 15. Oate Sept 12., 15	Manner of injury
19. UNDERTAKER 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DOPT 17, 19.32 Julian Doan	(Signed) Icholar A. Mandelar M. (Address) 1022 2 16 16 16 16 16 16 16 16 16 16 16 16 16
	gistrar, 2411 N. Charles Street, Baltimore, Regliesing D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	1
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDGAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	na in
Gallstones		May 1,1923	Gastroenteritis	1 year
		2011 1 2		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		210-00	
County Montagn	2018 4	Registration Dis	t. No. 213
Village or City Near Gail  Length of residence In city or town where o	/ (1	No. f death occurred in a horpital or institution, give its NAME in the course of the	
2. FULL NAME Samue. (a) Residence: No. Dar	M. Silvious	If U. S. Veteran, specify WAR St., Ward.	
PERSONAL AND STATIST		MEDICAL CERTIFICATE O	e city or town and State
3. SEX 4. COLOR OR RACE Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Septemper	7 6 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	weknow	22. I HEREBY CERTIFY.	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7. AGE	0 ays   1 LESS than 1 day,	I last saw h alive on to have occurred on the date stated above, at	; death is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	Compound FRaction  Compound FRaction  Doth less, Fraction  Other Contributory Causes of importance:	E JR C
13. NAME Marlin 5  14. BIRTHPLACE (city or town) (State or country)	ilvius	Name of operation	Date of
15. MAIDEN NAME Lus (Novu  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT John Sing  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place reactly Johnson	Jin July Jan July 2 0ate 9 - 28 , 193, 7	Specify whether injury occurred in INOUSTRY, In HOME,	e of Injury 7/24, 1937 15/649 In, county and State) 10 m ob 1/9
19. UNDERTAKER Plany E. S. (Address) Rose or 20. FILED 9-25, 1937 Mu	Lewiphry 182, M.J. Track.	24. Was disease or Injury in any way related to occupation If so, specify (Signed) (Address)	n of deceased? M.C.  M.D.  M.D

B.—WRITE PLAINLY,

should state

PHYSICIANS

UNFADING INK-THIS IS A PERMANENT Aupplied. AGE should be stated EXACTLY.

IARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

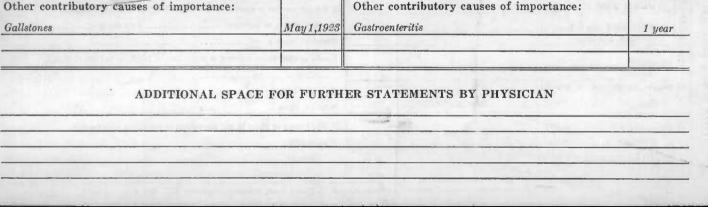
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10051
1. PLACE OF DEATH	(31)
County Montgomery	Registration Dist. No. 223
	New Skington Santtavium + StHose Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MYS Mary Francis Skin	Her If U. S. Veteran, specify WAR
(a) Residence: No. 4th Street Greenville,	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)  Widowed, or divorced	21. DATE OF DEATH  September 24 , 1937  (Month) (Dey) (Yeer)
HUSBAND of Harry SKINNER	22. I HEREBY CERTIFY, That I ettended deceased from September 21,1937, to September 23,1937.
6. DATE OF BIRTH (month, day, and yeer) ANV 26-1866.	I lest saw her elive on September 23, 193.7; deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the dete steted above, et
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(4 Che my card dy and the Contributory Capital dy Ca
12. BIRTHPLACE (city or town) Richerth and Winginia	What future ante
# 13. NAME Andrew Morteiro	U
13. NAME AND MONTEINO  14. BIRTHPLACE (city or town) 7 Vit ginia  (State or country)	Name of operationO
15. MAIDEN NAME POCOR OFTES Woodson  16. BIRTHPLACE (city or town) 7 Vivginia  (Stete or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANDA Shilaston Sanitarium Record.  (Address) Tak orna Herrium Record.  18. BURIAL, CREMATION, ORREMOVAL	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.  Menner of injury
Place Was the De Date 4/24/17, 19	Nature of injury
19. UNDERTAKER P- Saffell (Addiess) F- TV & N-12. 7-7.  20. FILED SPT 24, 1937 HUM ADM	24. Wes disease or injury in any way related to occupation of deceased?  Visco, specify (Signed) M. D.  M. D.
Registrar.  If more blanks are needed, address State Registrar,	(Andress) Jashung Jang Gulanna 2411 N. Charles Street, Datambre, Regulating U.S. N. 1.

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11.—The number of years the deceased followed the occupation.

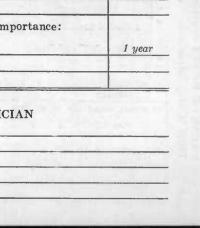
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Example I	i	Example II	1 2 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ACT 5 1801	July 5,1927	Peritonitis	3 days ago
BURHAU			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE FOR	PHOTHED	STATEMENTS	PV	DHVCICI	A BT
ADDITIONAL	SPACE FUR	FUKIHEK	STATEMENTS	BI	PHISICIA	VIE



1	STATE (	OF MARYLAND	-CERTIFICATE	OF DEATH	10052
1. PLACE OF	1		93-0	CB	
WITHIN BORPS	BATH LIBLIT BAT	meny Do Ja		Registration Dist. No.	223-
Village or Ci	ly Rom	eat rain (11)	No. ///- //Ap/e	/	St., Ward
Length of resid	ence in city or town where	death occurredyrs	s How long in U.S. if o		
2. FULL NAM	ne Kalla	D Amil	Aux	1.	
(a) Residence	e: No. 1078 C	on and	St., Ward.		V
PERSON	AL AND STATIST	(Usual place of abode)  FICAL PARTICULARS	MEDICAL C	If nonresident give city or tov	
3. SEX	4. COLOR/OR RACE	5. SINGLE, MARRIED, WIDOWE	21. DATE OF DEATH	,	
Timale	W	OR DIVORCED furite the wor	Vej	(Month) (Day)	, 193 / (Yeer)
5a. If married, widowe	d, or divorced	061.			(1.55.)
(or) WIFE of	Loamay	2 /2. / Supres	122. Sept. 25	Y CERTIFY, That I att	Tended deceased from
6. DATE OF BIRTH (	nonth, day, end year)	Jum 5 184	I lest saw h. e. R. alive on	Jept. 25	37 : death is said
7. AGE Year		Days If LESS th	to have occurred on the date state	ed ebove, at 3:30P m.	
9	/ 3/	2 2 1 day,	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of importance	
8. Trade, profess	ion, or particular ork done, as SPINNER,	none	Chrome My	example tos	Date of enset
SAWYER,	BODKKEEPER, etc		- Demlety O		
work was	done, as SILK MILL, , BANK, etc				
U 10. Date decease	d last worked at atom (month and	11. Total time (years) spent in this			
year)		occupation	Other Contributory Causes of Impo	ortance:	
12. BIRTHPLACE (city		1			
₩ 13. NAME	1 and	Drules	******************		
Ξ /	Jan Ton	1			
14. BIRTHPLACE (State or		14-	Neme of operation	Was the	e of
15. MAIDEN NAM	E Hann	of E Hool		uses (VIOLENCE) fill in also the fol	
16. BIRTHPLACE	city or town)	\		Date of injury_	
E   (State or	country	syny	Where did injury occur?	(Specify city of town, county as	-10-11
17. INFORMANT (Address)	1 & Con	and mittel	Specify whether injury occurred In	n INDUSTRY, In HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATE	ON, OR REMOVAL	9/27	Manner of injury		
Place	my .	Date, 19.	Neture of injury		·
19. UNDERTAKER _ \$\frac{19}{4}	In 4/19	of the state of the	24. Wes disease or injury In any w	yay related to occupation of decease	ed? ho
20. FILEDSPPT	7.1977	Holsen Delle Registre	(Signed) Trans (Address) // 8	Calvelane.	Kenl M. D.
	If more		2411 N. Charles Street, Baltimore, Re		P. I med

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	Example I	6	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE WELL	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 5 1017	July 5,1927	Peritonitis	3 days ago
	V. 3.	A S		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FO	REURTHER	STATEMENTS	BY	PHYSICIA	N
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-WRITE PLA

V. S. No. 1

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1. PLAC

Count Village

4. BIRTHPLACE (city or town) \_\_\_.

(State or country)

6. BIRTHPLACE (city or town) \_\_\_ (Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address) & Washing Tom St.

Placa Damos Cus - Md.

15. MAIDEN NAME

19. UNDERTAKER VVM

(Address)

MaryLand

Miss Etahison

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The	5a.	If married, HUSBAN (or) WIF
ass	_	(or) WIF
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Ce D	z	8. Trade
of	은	ki S/
may	JPA	9. Indust
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	ATH	14. BIRTH
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	OT	16. BIRTH
nport	Σ	(S
UEZ im	17.	INFORMAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10053
E OF DEATH	
Montg.	Registration Dist. No. 2.14
or City KensingTon (If	No. St., Ward . death occurred in a hospital or institution, give its NAME instead of street and number)
NAME Alfred G Warthen	ds. How long in U.S. if of foreign birth?mosds.  If U. S. Veteran, specify WARNON
esidence: No. 9" Washing To N St (Usual place of abode)	St., Ward.  If nonresident give city or town and State
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH September 30th, 1937. (Month) (Day) (Year)
widowad, or divorcad D of E of NONA. A. Warthen	22. I HEREBY CERTIFY, That I attanded daceased from Sept 227, 1937, to Sept 30 1937
IRTH (month, day, and year) July 27. 1861	I last saw h. Lun. aliva on Self 29 5, 1937; death is said
Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
, profession, or particular and of work dona, as SPINNER, Retired	lo erebral apollerar
ry or business in which ork was done, as SILK MILL, IW MILL, BANK, etc	conflicated by Mercia
deceased last worked at 11. Total time (years) spent in this occupationar)	Carmany course of the agencia. Prostotic hypertra-
CE (city or town) Mary Land	Other Contributory Canses of Importance:
Nathan Warthen	Chronid Mexicanditio: Duration 5 to 8 george

Name of oparation .... 23. If death was due to external causes (VIOL ENCE) fill he also the following: (Specify city or town, county and Stale)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, Manner of injury 24. Was disease or injury in any way related to occupation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

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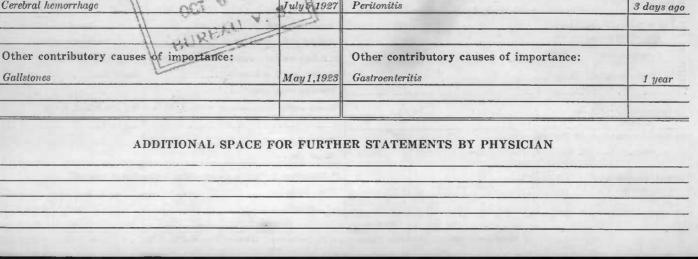
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WIRE ALL	- Andrews		
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Gallstones	May 1,1923	Gastroenteritis	1 year



- Registrar.

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rall

(Address)

BINDING

FOR

ARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

Ward

Date of onset

Was there an eutopsy?

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ADD	ITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	(USSELE		